

Anthony Turner BJT-9612
 Name and Prisoner/Booking Number
Mule Creek State Prison
 Place of Confinement
P.O. Box 409089
 Mailing Address
Tone, Ca 95640
 City, State, Zip Code

FILED
Nov 28, 2022
 CLERK, U.S. DISTRICT COURT
 EASTERN DISTRICT OF CALIFORNIA

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
 FOR THE EASTERN DISTRICT OF CALIFORNIA

Anthony Dewayne Lee Turner
 (Full Name of Plaintiff) Plaintiff,

v.
 (1) Michael Ullery
 (Full Name of Defendant)

(2) Ehab Nougé

(3) Bharat Rutton

(4) Deepthi Surinani
 Defendant(s).

☐ Check if there are additional defendants and attach page 1-A listing them.

CASE NO.

2:22-cv-0002 KSN

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT
 BY A PRISONER

☒ Original Complaint

☒ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred:

Tone, California

B. DEFENDANTS

1. Name of first Defendant: Michael Ullery. The first Defendant is employed as:
Doctor at Mule Creek State Prison.
(Position and Title) (Institution)
2. Name of second Defendant: Ehab Nouged. The second Defendant is employed as:
Dentist at Mule Creek State Prison.
(Position and Title) (Institution)
3. Name of third Defendant: Bharat Ration. The third Defendant is employed as:
Doctor (P.C.P.) at Mule Creek State Prison.
(Position and Title) (Institution)
4. Name of fourth Defendant: Deepthi Surineni. The fourth Defendant is employed as:
Doctor at Mule Creek State Prison.
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☒ Yes ☐ No
2. If yes, how many lawsuits have you filed? 2. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: Turner v. ~~Unknown~~ v. Cohen
 2. Court and case number: unknown
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)
Summary Judgement
 - b. Second prior lawsuit:
 1. Parties: Turner v. Napa state Hospital
 2. Court and case number: unknown
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?)
Summary Judgement
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I

1. State the constitutional or other federal civil right that was violated: Amendment VIII, Amendment XIV, ADA Title III

2. Claim I. Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I filled out a 7362 form to Dr. Micheal Ullery on October 12, 2020, explaining that I am allergic to Amlodipine. He proceeded with tapering me off the medication I'm allergic to that discontinued November 2, 2020. Then on April 1, 2021 Dr. Bharat Ratton assumed I was not taking my blood pressure medication and even after I explained to her I'm allergic to Amlodipine, she ordered it for me to take away. I explained to the doctor that my right leg is in unbearable pain and that if I take the medicine my leg will swell up. I did not get medication for pain, but I got order a medication I'm allergic to and now it's swollen, in unbearable pain and infected with cellulitis. The medication was discontinued May 1, 2021. The prison employees showed when the defendants ignored my request letting them both know I'm allergic to Amlodipine. In Coleman v. Rahiga, 114 F.3d 978 (8th Cir. 1997).

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

I have permanent pain, a very bad limp, a stiff spot in my leg, scars and half swollen all the time leg and been given a walker chair because I'm not able to stand for long periods of time.

5. Administrative Remedies:

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: Amendment XIII
Amendment XIV, ADA Title III

2. Claim II. Identify the issue involved. Check only one. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. Supporting Facts. State as briefly as possible the FACTS supporting Claim II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I requested orthopedic shoes upon my arrival to Mule Creek State Prison March 26, 2020. I made many request to Dr. Michael Ullery to be looked at by a podiatrist to cut my toe nails because I'm a diabetic that has bilateral hallux deformity with first toe overlapping second. I was denied services. It then was delayed because of Covid-19. I kept requesting a need for shoes because my feet hurt to the point without a arch I have leg pain and back pain. I requested it on a 1824 ADA Accommodation form because I was hurting. I was denied and delayed over all this time and then finally on September 9, 2021 I was accommodated when I should have been before making many complaints dating back from March 26, 2020. I did not receive the medical care I needed. In Todaro v. Ward, 565 F.2d 48 (2nd Cir. 1977). This is cruel and unusual punishment and deliberate indifference.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

Constant foot pain in my feet, right leg in stiffness that want go away. I have permanent swelling and a very bad limp with a wheelchair walker. I'm not able to walk far or stand for long periods of time.

5. Administrative Remedies.

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM III

1. State the constitutional or other federal civil right that was violated: Amendment VIII, Amendment XIV, ADA Title III
2. Claim III. Identify the issue involved. Check only one. State additional issues in separate claims.
- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |
3. Supporting Facts. State as briefly as possible the FACTS supporting Claim III. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.
- Plaintiff, being without teeth request a soft food tray or Protein drink to eat because he suffered cuts, sores, throbbing pain during the course of eating regular meals. Mr. Turner, was denied his requests many times by Dr. Michael Ullery and Dentist Dr. Hab Nougé. A. Turner, filed 7362 forms from April 29, 2020 and was constantly denied accommodations until July 4, 2021. The states have a constitutional duty to provide necessary medical treatment to their inmates, including psychological or psychiatric care. This delay and not providing services both physicians knew they were acting illegally and that their act was unconstitutional. Scruver v. Katz, 533 U.S. 194 (2001), and Harlow v. Fitzgerald 457 U.S. 800 (1982), violating rights; Prison Legal News v. Lehman, 397 F.3d 692, 701 (9th Cir. 2005).
4. Injury. State how you were injured by the actions or inactions of the Defendant(s).
- Very severe pain when something comes in contact with my gums in my mouth, throbbing pain or sores of numbness or cuts and unable to eat at times
5. Administrative Remedies.
- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 - Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
 - Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
 - If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

CLAIM III

1. State the constitutional or other federal civil right that was violated: Amendment VIII
Amendment XIV, ADA Title III

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

I informed Doctor Deepthi Surineni that I was allergic to Amlodipine and that Bharat Ratton or Michael Willey tapered me off the medication. Then on April 1, 2021 Dr. Deepthi Surineni assumed I was not taking my medication or blood pressure medication and even after I explained to her that I'm allergic to Amlodipine 3 times, she ordered it for me to take away. I explained to the doctor that it was discontinued on November 2, 2020 and at San Quentin. I also told the Doctor Deepthi Surineni that my right leg was swollen and in unbearable pain since and that if I take the Amlodipine my leg will swell up more and I will get cellulitis. My legs were like swollen and in pain. I only received stockings. The cellulitis was not taken care of or was my legs bandage since March 26, 2020 I just got treatment for my both legs because the cellulitis pain and swelling about 3 months ago February 23, 2022

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

I walk with a walker, my legs are very weak, I cannot stand straight my legs hurt all the time as well as my feet I'm scared for life on my legs with big sores, I can't walk or stand for long periods of time.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

Damages or any damages that the
Court deems just and appropriate

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

[Redacted]

DATE

September 1, 2022

Anthony Dwayne Lee Turner
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

DECLARATION

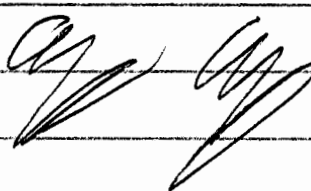
I, Anthony Flores Martinez, with my own eyes seen Anthony Devayne Lee Turner's leg swollen for long periods of time. I do not know why the medical staff did not take care of his infection sooner. I had a infection in my leg On November 19, 2021 and the medical staff took care of me right away and placed me in the Community hospital. On November 27, 2021, I returned from the hospital.

I declare under penalty or perjury that the foregoing is true and correct and would testify to this in Court when ever asked to do so.

Executed at Mule Creek State Prison on November 29, 2021 in Loma California.

Date: 11-29-21

Print Name: Anthony F. Martinez E-76630

Signature 

DECLARATION

On September 1, 2021, My roommate Thomas Moore and I was located in Building 18 in A-pod in Cell-102. I, Anthony Dewayne Lee Turner, spoke about my right leg being swollen and that I was allergic to the medication Amlodopine. It got infected from the long period of time it was swollen, and I showed Thomas Moore my leg which has open sores the prison medical health care did not treat even though the Clinic here has it register that they are providing services.

I, Thomas Moore declare under penalty or perjury that the above is true to the knowledge I have and from what I've witnessed with my own eyes. Executed at Mule Creek State Prison on November 20, 2021 in Yone, California.

Date: 11/20/21

Print Name: Thomas Moore E-98962

Signature: Thomas Moore

Mule Creek State Prison

Ione, California

Standard Cell Search

BLDG. # _____ CELL # _____ DATE _____ TIME _____

NAME _____ CDCR# _____ UPPER

NAME _____ CDCR# _____ LOWER

This is to advise you that your cell/bed area has been searched. As a result of this search, any confiscated items are listed below.

AUTHORIZED ITEM	STATE ISSUE QUANTITY*	UNAUTHORIZED QUANTITY
JEANS	3	
SHIRTS	3	
BOXER	4	
T-SHIRT	4	
SOCKS	6	
WORK SHOES (Boots)	1	
TOWELS	2	
SHEETS	2	
PILLOW CASE	1	
WATCH CAP	1	
CAMP JACKET OR BLUE DENIM JACKET	1	
	1	
LAUNDRY BAG	2	
BELT	1	
BELT BUCKLE	1	
BLANKETS	2	

CONFISCATED CONTRABAND	

MAINTENANCE INSPECTION

	Okay	Needs Attention		Okay	Needs Attention
DOOR	<input type="checkbox"/>	<input type="checkbox"/>	LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	SINK	<input type="checkbox"/>	<input type="checkbox"/>
VENTS	<input type="checkbox"/>	<input type="checkbox"/>	TOILET	<input type="checkbox"/>	<input type="checkbox"/>
MATTRESS	<input type="checkbox"/>	<input type="checkbox"/>			

* Quantities per CCR §3030

Comments: _____

CORRECTIONAL OFFICER'S PRINTED NAME

CORRECTIONAL OFFICER'S SIGNATURE

White : Housing Unit Binder
Pink: Officer
Yellow: Inmate

DECLARATION

On March 20, 2021, I, Anthony Dewayne Lee Turner became friends with Reggie Fowler at Mule Creek State Prison.

The two of us became good friends and did what we could do to help each other out. In our acquaintance I noticed he had no teeth and that his leg was very swollen. I asked him why he was not taking care of himself? Mr. Turner told me that he placed in multiple 7362 medical and dental slips and nothing has been done. He also told me that he placed in 1824 ADA accommodation complaints about not receiving medical health care services to provide for the neglect of how he was being treated. It took a year and a half before the doctor Michael Ullery stopped giving him a medication that Mr. Turner, was allergic. Then he told another doctor he was allergic to Amlodipine and she started him on it anyway. His leg was infected for a long period of time and the doctor still do not have his high blood pressure under control.

This is something that should not be happening to people.

I declare under penalty or perjury that these statements are true and correct to what I know and have seen with my own eyes the failure of this prison medical and mental health care services for a person with a disability. Executed at Mule Creek State Prison on November 21, 2021 in Lodi, California. In Building 18-A-pod-cell-10224.

Date: 11-21-21

Print Name: Reggie Fowler - AM3667

Signature: Reggie Fowler

DECLARATION

I, Ronald R. Lewis is a witness to Anthony Dewayne Lee Turner not receiving medical services like other inmates at Mule Creek State Prison.

His leg was swollen and infected for about one year or more before the doctor sent him to the Community hospital. Yet, the Medical Health Care Services sent out Anthony Martinez in one day which denied Anthony Turner the same services. I feel he was discriminated against because of his mental functioning or because the medical staff knew that the Health Care provider messed up and did not do anything about Mr. Turner's medical issues. He has a open wound on his right leg and the medical Health Care do not even change out his bandage on a everyday basis. It's leaking and draining. The Doctor even re-issued him the medication he was allergic.

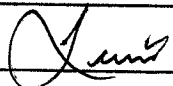
Date of December 23, 2021. I declare under penalty or perjury that the foregoing is true and correct to the

best of my knowledge and would testify
in court whenever asked to do so.

Executed at Mule Creek State Prison
on December 23, 2021 in Tione, California.

Date: 12/23/21

Print Name: LEWIS / C09942

Signature:  "